Approved for use through 07/31/2003. OMB 0651-0032

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APPLICATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)							
As the below named inventor(s), I/we declare that:							
This declaration is directed to:							
The attached application, or							
Application No, filed on							
as amended on (if applicable);							
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
Full Name of Inventor(s)							
Inventor 1 Rochelle L. Chaiken							
Signature Citizen of US							
Inventor 2 Fhomas R. Strack							
Signature Citizen of US							
Additional inventors are being named on							

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)								
As the below named inventor(s), I/we declare that:								
This declaration is	s directed to:							
۵	The attached application, or							
	Application No, filed on							
	as amended on (if applicable);							
I/we believe that I/w sought;	re am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is							
I/we have reviewed amendment specific	and understand the contents of the above-identified application, including the claims, as amended by any cally referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.								
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.								
Full Name of Inventor(s)								
Inventor 1	Rochelle L. Chaiken							
Signature	Rochelle Charke Citizen of US							
Inventor 2	Thomas R. Strack							
Signature	Citizen of US							
Additional inventors are being named on								

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PTO/SB/81(06-03)

To Be Assigned

Herewith

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**Filing Date** 

**Application Number** 

POWER OF ATTORNEY			First Named Inventor		Rochelle L. Chaiken			
and CORRESPONDENCE ADDRESS INDICATION FORM					Method of Inducing Euglyd Patients	cemia in Diabetic		
			Unit		To Be Assigned			
INDICATION	ON FORIVI	Exa	miner Name		To Be Assigned			
			Attorney Docket Number		PC25464A			
1 hereby appoint:								
Practitioners at Customer Number		2	28523					
OR								
Practitioners named b		_						
	Name			Registrati	on Number			
		-	<u> </u>	<u> </u>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change	the correspondence addr	ess for the ab	ove-identified	application to	o:			
The above-mentioned	Customer Number.							
OR								
The address associated with Customer Number								
OR								
Firm or Individual Name			-					
Address								
Address	-							
City			State		Zip	***		
Country								
Telephone			Fax					
I am the:					-			
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Rochelle L. Chaiken							
Sianature	Rochelle	1. Ch	aike					
Date								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
☐ *Total of forms are su	bmitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81(06-03)

To Be Assigned

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**Application Number** 

		Filing	Filing Date		Herewith			
POWER OF ATTORNEY			First Named Inventor		Rochelle L. Chaiken			
ar		Title			Method of Inducing Euglycemia in Patients	Diabetic		
	ENCE ADDRESS ON FORM	Art Un	it		To Be Assigned			
INDICATION	JN FURIVI	Exami	ner Name		To Be Assigned			
		Attorn	ey Docket	Number	PC25464A			
I hereby appoint:								
Practitioners at Customer Number			523	]				
OR								
Practitioners named b								
	Name_		Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change				application to	);			
The above-mentioned OR	Customer Number.							
The address associated with Customer Number								
OR								
Firm or Individual Name			-					
Address								
Address								
City			State		Zip			
Country								
Telephone			Fax					
I am the:			**					
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	SIGNATURE o			ee of Recor				
Name	Thomas R. Strack							
Signature Ture 1								
Date 11/03								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of forms are su	bmitted.							

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